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**Prepared Remarks of**

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**"Crystal Methamphetamine: The Impact on Children and Families in  
the Public Child Welfare System"**

**Before the House Government Reform Committee  
Subcommittee on  
Criminal Justice, Drug Policy, and Human Resources**

**US House of Representatives**

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Good Afternoon. Thank you so much for the opportunity to speak with you about the impact of crystal meth on children and families in Alabama. I have been a social worker for nearly 24 years, and have worked with families who struggle with a myriad of issues. The crystal meth epidemic is as dangerous and challenging as any we have faced.

### System Challenges

Without question, Crystal Methamphetamine poses a significant threat to vulnerable citizens in Alabama. The Alabama Department of Human Resources has several challenges with meth-related issues at the state level. First, we must ensure the safety of children and provide effective services to individuals affected by the drug. Second, we must prepare our workers through both education and direction. And third, we must craft policy and procedures so that consistent methods and safeguards are in place in each of the state's 67 counties. There are important implications to the agencies that serve these children and their families in that, unlike other abuse or neglect scenarios, the home environment not only poses an immediate health threat to the children, but to any individual charged with providing services in the home as well.

Alabama's child welfare training curriculum has a newly expanded focus on substance abuse. But now, in addition to clinical training around the dynamics of substance abusing families, workers must also be taught very specific meth-related investigative skills and cautions. For instance, workers are taught not to open any containers or smell, touch or taste anything from the residence, as the chemicals associated with cooking Meth are volatile and potentially toxic. Select training for social work staff now often mirrors law enforcement in terms of function and role with meth. Workers are now, for example, routinely taught to look around outside the residence for suspicious items used in making or using Meth such as vents or pipes sticking up from the ground, or "Booby trap" wires and surveillance cameras that appear to be there for no intended purpose.

Even with Alabama's caseload standards, we find that an already strained child welfare workforce of young, inexperienced staff is further burdened with the complex dynamics of crystal meth. We find that workers leave the agency because of personal risks, the nature of these cases and the challenges of working with these families. Crystal meth has further complicated this multifaceted issue in public child welfare.

### Children in Crisis

The number of children in the custody of Alabama's Department of Human Resources has increased over the past three years. In 2001, there were approximately 5400 children in foster care at year's end. In 2004, that number had risen to 6346. That number continues to rise. Reports of child abuse or neglect related to crystal meth have risen dramatically. These increases reflect our systemic response to changing needs and issues, as the complexity of substance-abusing families presents a national challenge, particularly in the area of crystal-methamphetamine.

Removal of children from their families is traumatic, and the added complications of meth use compound this trauma. If children are removed from active meth homes/labs, workers are instructed to not take any of the children's clothing or belongings from the home as they may be contaminated. Familiar clothing, toys, blankets are often helpful for children in this distressing situation, yet meth prevents even those small gestures for them. If there is obvious contamination of the clothes a child is wearing, clothing is to be discarded and left at the scene, then the child must shower as soon as possible. The child's personal things are left at the scene to minimize contamination of other areas or people.

In 2001, only 3.9% of Alabama admissions to foster care were due to substance abuse. Last year in Alabama, nearly 20% of admissions into care were a result of family substance abuse. I wish to share highlights from eight of Alabama's 67 counties. In particular, the Northeast corner of the state has had a significant increase in meth-related issues. For purposes of brevity, the following acronyms and abbreviations have been used:

CPS –	Child Protective Services
CAN-	Child Abuse and Neglect Report
Meth –	Crystal Methamphetamine
DHR –	Department of Human Resources

### County Struggles

#### Calhoun

June 2004, the agency dealt with 21 cases of children removed from their homes because of meth use by parents. In June 2005, the number more than tripled, climbing to 71.

Jan-April 2005, average 10-12 children entering care each month.

May 2005, 25 children entered care.

As of 6-15-05, 34 children had entered care by the halfway point of the month.

*"The problem is more severe in the northeast part of the state", local Director John James said. "This area of the state has just been hammered," he said. The upsurge in the use of methamphetamine has made our caseload explode," he said.*

#### Cherokee

Of the 33 children in care in March 05, eight (25%) entered the system due to meth

#### Cleburne

March 2002, 25 children in care.

March 2005, 53 children. (40% of those entries due to meth.)

Cleburne County DHR Director Marsha Busby described meth, saying *"Across the state, it's one of the main issues that we're facing,"*.

#### Cullman

143 children in foster care as of March 2004. Seven of these or 4.8% were meth-related.

March 2005 170 children in care, 22 (nearly 13%) of whom were meth-related.

#### DeKalb

64% of current children entered care due to meth use by one or more parents.

55% ongoing cps cases are related to meth production or use in the home.

#### Geneva

Calendar year 2004 one of the top three counties in the state in Meth lab arrests

March 2004, 10 children entered foster care due to Meth.

March 2005, Geneva had 19 children who were in care due to Meth use.

#### Jackson\*

March 2004, 88 children in foster care, (40.2% due to crystal meth use by parents/caretaker.)

March 2005, 130 children in care, (57.5% there due to crystal meth use by parents/caretaker.)

*\*At one "bust", social workers picked up seven children from three different families.*

#### Marshall

An estimated 80-85 % of current cps reports received are meth related

In July 1998, there were 76 open CPS cases

Currently, they have 354 (the third highest in the state)

In July 1998 there were 51 foster care cases

The county currently has 171. Of those cases, 75 (44%) are meth related.

More detailed information about Marshall County mirrors what other counties report. The county is near both the Tennessee and Georgia borders. According to local administrators, the county has been "dealing with the crystal meth issue" for several years, with an increase in all cases (CANS, CPS, and Foster Care) coming from the problem. As far back as 1998, that county was averaging 40-45 CANS during a month. That number increased in January 2001, when they began seeing numbers like 63 (Jan. 2001), 75 (May 2001), 92 (Aug. 2001) and to a peak of 109 in March 2003. An estimated 80-85 % of these current reports received are meth related, with effects like inadequate supervision, poor hygiene, domestic violence, odd mental health-like symptoms (severe paranoia, hallucinations, with bi-polar/schizophrenic tendencies) and access to dangerous and lifethreatening objects (poisonous gases, drug paraphernalia, large numbers of illegal firearms, etc.).

There were 76 open CPS cases in Marshall County in July 1998. Currently, they have 354 (the third highest in the state). These numbers have increased due in large part to the number of crystal meth cases.

Foster care seems to be following the same trend as the county has found more and more cases where there are no relatives able to care for the children in meth cases because the entire family is abusing the substance. There were 51 foster care cases in

July of 1998 and Marshall currently has 171. Of those cases, 75 (44%) are meth related.

Kathleen Rice, Marshall County Supervisor, had these comments. "Issues that we are facing right now are dealing with parents and relatives endangering their children by using, selling, or manufacturing meth, and the children affected by this. We are, however, beginning to see a whole new dimension of the problem, in that we are now seeing younger children and youths using and getting in trouble with the law. It is also beginning to trickle into adult services in that we are seeing adult children stealing from elderly parents to feed their habit. Because of these issues affecting such a wide range of individuals, Marshall County recently received a \$500,000 UPS community grant to improve our community approach to dealing with the issue."

### Statewide Information

Even in counties where numbers of children in care have remained fairly stable, they cite crystal meth as being a much more frequent reason for removal than 18 to 24 months ago. Statewide efforts are underway to explore all treatment scenarios, to standardize protocol for services to these families, and to train social workers to assess these families appropriately. The problem calls for coordination with law enforcement agencies, safety instructions for workers and, should the need arise, decontamination instructions for clients and workers.

If called with law enforcement to a home where children have been exposed to a Meth Lab, workers are trained to allow officers to decontaminate children first if they have the equipment necessary. They learn about obvious signs of contamination such as visible residue, stains, powders, liquids, or solid on skin, clothes or shoes. Detectable odors such as ammonia, urine like, garlic like, solvent like, ether, gas, lacquer thinner, camp stove fuel, sulfur like or skunk like smells are usually present as well. Children in these settings often display physical distress symptoms including respiratory difficulties, chronic cough, skin rashes, redness rashes, blisters, and white patches.

Troy King, Alabama's Attorney General, has designated a Task Force to address issues caused by crystal-meth. DHR staff are members of the Task Force. The Alabama Legislature recently passed legislation regulating items that can be purchased to make crystal meth. The Governor's Office has a Faith-Based Substance Abuse Treatment Task Force. Meanwhile, the system response to issues of imminent danger in these families is to assess safety quickly and plan accordingly.

### Faith-Based Strategies

The Treatment Community in Alabama has recognized the powerful addiction crystal meth imposes. Jon Schafer, Executive Director of Pathfinder, a 12-step, spiritually based in-house treatment program in Huntsville, reported that 40% of the entries over the last year had been due to crystal meth. He reports that visitation with their children is often a motivating factor in parents becoming sober. He explained that his program is a minimum 90 day in-house, with a maximum of 15 months stay. Through help from family, community, and spiritual support, one woman recently regained custody of her child who had been in foster care for 15 months while she received treatment. That

woman has now been clean and sober for six months and is a sponsor to another woman at Pathfinder.

The church community in Mobile has embraced the clientele at The Shoulder, a private, Christian-based in-patient treatment facility for substance abuse. Employees at this facility, when faced with funding shortages three years ago, voted to take a decrease in pay in order to keep serving the community. "Pearl", a long-time employee in the program component of The Shoulder, said that clients are linked to their own families and others through the generosity of church members who transport them, host lunches for them, or bring their children from foster care for visits on Wednesday nights or Sunday afternoons. One striking component of this facility is that 95% of their staff have successfully completed substance abuse treatment, and know the physical, emotional, and spiritual toll this takes on each client and each family member.

Rev. Elizabeth O'Neill of Immanuel Presbyterian Church in Montgomery relates that awareness of addiction as a disease is crucial to the faith community. The Presbyterian Church worldwide observes Addiction Awareness Sunday once a year. Educational material and liturgical opportunities are emphasized on that Sunday. Rev. O'Neill believes that a greater understanding of addiction locally and nationwide can be accomplished through faith-based work.

A young local AA group recently talked to parents of church youth at Immanuel, and members found it powerful to hear from peers of their own children's age group.

Traditional resources and new, creative strategies must be employed across all human service agencies if we are to prevent and treat the abuse of crystal meth and all substances. America's children and families deserve our best efforts, and your ongoing commitment to the safety, permanency and well being of our children is critical. Thank you for your time and attention. I am grateful for the opportunity to share with you how crystal methamphetamine is affecting the lives of Alabamians.

Freida S. Baker, MSW, is the Deputy Director for Child and Family Services for the State Department of Human Resources in Montgomery, Alabama. She has a 24-year career in social work, and has been instrumental in the ongoing implementation of Alabama's 1992 landmark R.C. Consent Decree, a model for at least 20 other states' reforms. She is a certified federal reviewer. She has reviewed cases and has trained social workers, judiciary, educators, and other partners in Alabama and across the nation, including North Carolina, Maine, Colorado, Georgia, Utah, Florida, and Iowa.